Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS621HHA	A. BUILDING _____ B. WING _____	06/23/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TLC HEALTH CARE SERVICES, INC	4535 W SAHARA AVE, SUITE 209 LAS VEGAS, NV 89102

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H 00	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of a State Re-licensure survey conducted in your facility on June 23, 2009, in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies. A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The census at the time of the survey was two. No home visits were made. Two records were reviewed. The following deficiencies were identified:	H 00		
H128 SS=C	449.770 Governing Body; Bylaws 3. The governing body shall appoint an advisory group of professional personnel, including one or more members who are practicing physicians, one or more professional registered nurses and representatives from other professional disciplines as indicated by the scope of the agency's program.	H128		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H128	Continued From page 1 This Regulation is not met as evidenced by: Based on document review and staff interview, the agency failed to appoint members to the advisory group of professional personnel that included representatives from the professional disciplines as indicated by the scope of the agency's program. Findings include: The policy and procedure titled "Governing Body" revealed the following: 3. The governing body shall appoint an advisory group of professional personnel, including one or more members who are practicing physicians, one or more professional registered nurses and representatives from other professional disciplines as indicated by the scope of the agency's program. During interviews with the Care Coordinator on 6/23/09, no professional advisory group meeting minutes were provided for review. During interview with the Administrator on the afternoon of 6/23/09, it was confirmed that there had not been a meeting of the professional advisory group in quite some time. Severity: 2 Scope: 1	H128		
H129 SS=C	449.770 Governing Body; Bylaws 4. The governing body is responsible for periodic administrative and professional evaluations of the agency. This Regulation is not met as evidenced by: Based on documentation review and staff interview, the governing body of the agency failed	H129		

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H129	Continued From page 2 to provide for administrative and professional evaluation of the agency. Findings include: During interviews with the Care Coordinator on 6/23/09, no agency evaluation documentation was provided for review. During interview with the Administrator on the afternoon of 6/23/09, it was confirmed that there had not been an agency evaluation done in quite some time. Severity: 2 Scope: 1	H129		
H130 SS=C	449.770 Governing Body; Bylaws 5. The governing body shall receive, review and take action on recommendations made by the evaluating groups and document those actions. This Regulation is not met as evidenced by: Based on documentation review and staff interview, the agency governing body failed to receive, review and take action on the recommendation of the professional advisory group. Findings include: During interviews with the Care Coordinator on 6/23/09, no professional advisory group meeting minutes were provided for review. During interview with the Administrator on the afternoon of 6/23/09, it was confirmed that there had not been a meeting of the professional advisory group in quite some time. There also had not been an agency evaluation done. The governing body had not met in quite some time,	H130		

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H130	Continued From page 3 at least two years. Severity: 2 Scope: 1	H130		
H140 SS=C	449.779 Professional Advisory Group 1. The professional advisory group must be appointed by the governing body and shall assist in establishing written policies covering skilled nursing, other therapeutic services and other aspects of professional health. These policies must be reviewed at least annually and revised as necessary, and must cover the following: (a) The scope of services offered; (b) Administrative records; (c) Personnel qualifications and responsibilities; and (d) The evaluation of programs. This Regulation is not met as evidenced by: Based on documentation review and staff interview, the agency failed to have the professional advisory group meet to review policies and evaluate the agency program annually. Findings include: During interviews with the Care Coordinator on 6/23/09, no professional advisory group meeting minutes were provided for review. During interview with the Administrator on the afternoon of 6/23/09, it was confirmed that there had not been a meeting of the professional advisory group in quite some time. There had not been an agency evaluation in at least two years. Severity: 2 Scope: 1	H140		

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H142	Continued From page 4	H142		
H142 SS=C	449.779 Professional Advisory Group 3. The advisory group shall meet at regular intervals, but at least once a year. Dated minutes must reflect an evaluation of overall agency performance, including the availability of services, the utilization of services and the quality of services. Recommendations must be forwarded to the governing body. This Regulation is not met as evidenced by: Based on documentation review and staff interview, the agency failed to have the professional advisory group meet at least yearly as required by statute. Findings include: During interviews with the Care Coordinator on 6/23/09, no professional advisory group meeting minutes were provided for review. During interview with the Administrator on the afternoon of 6/23/09, it was confirmed that there had not been a meeting of the professional advisory group in quite some time. Severity: 2 Scope: 1	H142		
H152 SS=C	449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 6. The maintenance of employee records which confirm that personnel policies are followed;	H152		

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H152	Continued From page 5 This Regulation is not met as evidenced by: Based on record review it was determined that the agency failed to comply with NRS 449.179 for 1 of 4 employees. Findings include: The Nevada Revised Statutes, under chapter 449 requires the following: Nevada Revised Statutes 449.179 "Except as otherwise provided in subsection 2, within 10 days of hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall: (a) Obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188; Employee #1: During personnel file review the employee did not have a written statement in the personnel file stating whether he has been convicted of any crime as required in NRS 449.188. The employee's date of hire was 2/17/07. Severity: 2 Scope: 1	H152		
H153 SS=C	449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if	H153		

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H153	Continued From page 6 required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375; and This Regulation is not met as evidenced by: Based on record review it was determined that 2 of 4 employees did not have evidence of TB testing or a physical in accordance with NAC 441.A. Findings include: NAC 441A.375 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician	H153		

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H153	Continued From page 7 determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis. 5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis. 6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. Employees #1 and #4 employee files lacked documented evidence of a physical examination at hire.	H153		

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H153	Continued From page 8 Employee #1's employee file contained tuberculin testing results for the dates of 1/02/08 and 1/05/09. These dates are greater than 365 days apart and do not meet the regulatory requirement for tuberculin testing. Severity: 2 Scope: 1	H153		
H170 SS=C	449.791 Duties of Personnel 2. A licensed practical nurse may perform certain nursing procedures under the supervision of the registered nurse. This Regulation is not met as evidenced by: Based on clinical record review, policy review, employee file and staff interview, the agency failed to provide supervision of the licensed practical nurse by the registered nurse as required by statute. Findings include: Review of Patient #2's clinical record revealed the following: Documentation was review for the dates of 2/16/09 through 6/21/09. Daily visits were made by skilled nursing. Four visits a week by the licensed practical nurse (LPN) and three times a week by the registered nurse (RN). The record lacked documented evidence of LPN supervision by the RN. the patient was admitted to the agency on 12/17/07. The agency policy titled "Supervisory visits" revealed the following: Employees will be supervised by a Registered Nurse or designee using the following schedule. The supervisory visit report will be filled at this	H170		

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H170	Continued From page 9 time and placed in the employee's file. Direct LPN supervisory visit monthly. Review of Employee #4's personnel file revealed a lack of documented evidence of supervisory visits being conducted. Interview with the Administrator on 6/23/09 in the afternoon confirmed that the LPN had not been supervised by the RN as required. Severity: 2 Scope: 2	H170		
H175 SS=C	449.793 Evaluation by Governing Body 1. The governing body of an agency is responsible for providing for an evaluation of the agency once a year. The purpose of the evaluation is to audit, review policies and procedures, and recommend additions or changes and ensure that the policies and regulations are being met. This Regulation is not met as evidenced by: Based on documentation review and staff interview, the governing body of the agency failed to provide for administrative and professional evaluation of the agency. Findings include: During interviews with the Care Coordinator on 6/23/09, no agency evaluation documentation was provided for review. During interview with the Administrator on the afternoon of 6/23/09, it was confirmed that there had not been an agency evaluation done in quite some time.	H175		

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H175	Continued From page 10 There was no evidence that the evaluation had taken place in the last two years. Severity: 2 Scope: 1	H175		
H187 SS=C	449.797 Contents of Clinical Records Clinical records must contain: 4. A plan for patient care which includes: (a) Objectives and approaches for providing services. (b) Diagnoses of all medical conditions relevant to a plan of treatment. (c) Physical traits pertinent to the plan for care, (d) Nursing services required and the level of care and frequency of visits, special care which is required, such as dressing and catheter changes, and specific observations to be brought to the physician's attention. (e) Requirements of therapy, such as physical, speech, occupational or inhalation therapy with specific instructions for each. (f) Requirements of activity, such as the degree allowed and any assistance required. (g) Medical appliances needed, such as crutches, walkers, braces or equipment for respiratory care. (h) Nutritional needs. (i) Medical supplies needed, such as dressings or irrigation sets. (j) The degree of participation of the family in the care. This Regulation is not met as evidenced by: Based on clinical record review and staff interview, the agency failed to provide a comprehensive plan of care for the patient receiving services from the agency. Findings include:	H187		

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H187	Continued From page 11 During clinical record review of Patient #2's file, the record lacked documented evidence of a plan of care for the care being provided from 2/16/09 through 6/21/09. Interview with the Administrator on 6/23/09 in the afternoon, confirmed that the record lacked documented evidence of a plan of care signed by the physician for the care being provided. Severity: 2 Scope: 2	H187		
H192 SS=C	449.797 Contents of Clinical Records 9. A report given to the attending physician, written or by phone, whenever unusual findings occur. A written progress note must be submitted the physician at least every 62 days. This Regulation is not met as evidenced by: Based on clinical record review and staff interview, the agency failed to provide a written progress note to the physician every 62 days. Findings include: During clinical record review of Patient #2's file, the record lacked documented evidence of a progress note to the physician for the care being provided from 2/16/09 through 6/21/09. Interview with the Administrator on 6/23/09 in the afternoon, confirmed that the record lacked documented evidence of a progress note to the physician for the care being provided. Severity: 2 Scope: 2	H192		

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H198	Continued From page 12	H198		
H198 SS=C	449.800 Medical Orders 6. Specific orders must be given for: (a) Rehabilitative and restorative care such as physiotherapy; (b) Skilled nursing and home health aide care; (c) Nutritional needs; (d) The degree of activity permitted; (e) Dressings and the frequency of change; (f) The instruction of a member of the family in technical nursing procedures; and (g) Any other items necessary to complete a specific plan of treatment for the patient. This Regulation is not met as evidenced by: Based on clinical record review and staff interview, the agency failed to provide specific orders for care from a physician for the patient receiving services from the agency. Findings include: During clinical record review of Patient #2's file, the record lacked documented evidence of a signed physician's order for the care being provided from 2/16/09 through 6/21/09. Interview with the Administrator on 6/23/09 in the afternoon, confirmed that the record lacked documented evidence of a physician's order for care signed by the physician for the care being provided. Severity: 2 Scope: 2	H198		
H199 SS=C	449.800 Medical Orders 7. All orders must be renewed in writing by the physician at least every 62 days. This Regulation is not met as evidenced by:	H199		

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H199	Continued From page 13 Based on clinical record review and staff interview, the agency failed to obtain renewal orders every 62 days from the physician for care the patient was receiving from the agency. Findings include: During clinical record review of Patient #2's file, the record lacked documented evidence of a renewed physician's plan of care for the care being provided from 2/16/09 through 6/21/09. Interview with the Administrator on 6/23/09 in the afternoon, confirmed that the record lacked documented evidence of a plan of care signed by the physician for the care being provided. Severity: 2 Scope: 2	H199		